

FILING FEE: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801996

(0)

1. Corporation Name

HERNASCO CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:19

Principal Place of Business

17 EAST 47TH STREET
NEW YORK NY 10017

Mailing Address

17 EAST 47TH STREET
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/12/1924

3a. Date of Last Report

04/27/1994

4. FEI Number

59-0288915

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEWART, CARL M.
C/O ULMER, MURCHISON, ASHBY & TAYLOR
200 W. FORSYTH ST., SUITE 1600
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SMADBECK, ARTHUR J.
STREET ADDRESS	R. F. D. 65-A BOX 3
CITY-ST-ZIP	EDGARTOWN MA
TITLE	VD
NAME	HART, WILLIAM D., JR.
STREET ADDRESS	DEER PARK ROAD
CITY-ST-ZIP	NEW CANAAN CT
TITLE	PD
NAME	SLOANE, HOWARD G.
STREET ADDRESS	8 OAK LANE
CITY-ST-ZIP	LARCHMONT NY
TITLE	ST
NAME	ROSENBAUM, HOWARD
STREET ADDRESS	328 E. 52ND STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	VTD
NAME	SMADBECK, PAUL
STREET ADDRESS	TITICUS ROAD, ROUTE 110
CITY-ST-ZIP	NORTH SALEM NY
TITLE	D
NAME	PRICE, THEODORE W.
STREET ADDRESS	6709 RIVER RD.
CITY-ST-ZIP	RICHMOND VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Rosenbaum
HOWARD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD
ROSENBAUM

1/24/95 210 371-7773

Date

Signature Number

(7)

HERNASCO CORPORATION

Name of
Officers & Directors

Title

Address City & State

Sloane, Virginia

D

8 Oak Lane, Larchmont, NY 10538

Guce, Renato

S/T

104-57 112th St., Richmond Hill, NY
11419

Obser, Fred

D

120 Violet Ave., Floral Park, NY
11001